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## OBSTETRICAL EMERGENCIES

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### UNCOMPLICATED DELIVERY

#### **BLS INTERVENTIONS**

1. Administer Oxygen as clinically indicated
2. Prepare for delivery
3. Massage fundus if placenta delivered

### COMPLICATED DELIVERY

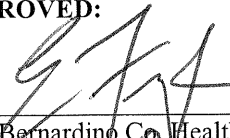
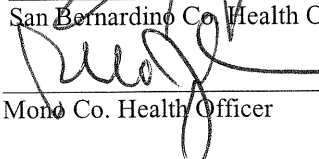
#### **BLS INTERVENTIONS**

1. Excessive vaginal bleeding prior to delivery
  - a. Attempt to contain bleeding. Do not place anything into vagina
  - b. Trendelenberg position
2. Prolapsed Cord
  - a. Hips elevated
  - b. Gently push presenting part of head away from cord
  - c. Consider knee/chest position for mother
3. Post Partum Hemorrhage
  - a. Massage fundus to control bleeding
  - b. Encourage immediate breast feeding
  - c. Trendelenburg position
4. Cord around infant's neck
  - a. Attempt to slip cord over head
  - b. If unable to slip cord over head, deliver the baby through the cord
  - c. If unable to deliver the baby through the cord, double clamp cord, then cut cord between clamps
5. Breech presentation and head not delivered within 3-4 minutes
  - a. Hi-flow O<sub>2</sub> on patient
  - b. Trendelenburg position
  - c. Code 3 to closest appropriate facility
6. Pregnancy induced hypertension and eclampsia
  - a. Seizure precautions
  - b. Attempt to reduce stimuli
  - c. Limit fluid intake
  - d. Monitor and document B/P
  - e. Consider left lateral position


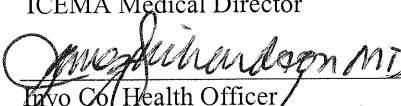
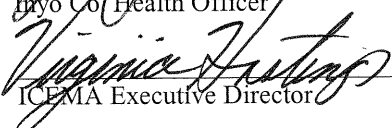
**ALS INTERVENTIONS**

1. Obtain IV access, and maintain IV rate as appropriate
2. Excessive vaginal bleeding or post-partum hemorrhage
  - a. Give fluid challenge of 500ml, If signs of inadequate tissue perfusion persist may repeat fluid bolus
  - b. Maintain IV rate at 150ml/hr
  - c. Establish 2<sup>nd</sup> large bore IV enroute
3. Pregnancy Induced Hypertension / Eclampsia
  - a. IV TKO, limit fluid intake
  - b. Obtain O<sub>2</sub> saturation on room air, if possible
  - c. Place in left lateral position, and obtain BP after 5 minutes
  - d. Obtain rhythm strip with copy to receiving hospital
  - e. For tonic/clonic activity:
    - i. Magnesium Sulfate 4gms diluted with 20ml NS, IV/IO over 3-4 minutes
    - ii. Midazolam 2.5mg IV/IO may repeat for a maximum dose of 5mg IV/IO, or Midazolam 5mg IM may repeat for a maximum dose of 10mg IM if unable to establish vascular access
4. Consider immediate notification of Base Hospital physician
5. Base Hospital physician may order:
  - a. Dopamine infusion at 400mg in 250ml NS titrated between 5 – 20mcg/min to maintain adequate tissue perfusion
  - b. Magnesium Sulfate infusion of 2grams Magnesium Sulfate in 100ml of NS at 30ml/hour after initial administration of 4 grams Magnesium Sulfate.
  - c. Repeat dose of Midazolam after 10 minutes for continued tonic/clonic activity
6. In radio communication failure (RCF) the following medications may be given:
  - a. Dopamine infusion at 400mg in 250ml NS titrated between 5 – 20mcg/min to maintain adequate tissue perfusion
  - b. Magnesium Sulfate infusion of 2grams Magnesium Sulfate in 100ml of NS at 30ml/hour after initial administration of 4grams Magnesium Sulfate
  - c. Repeat dose of Midazolam after 10 minutes for continued tonic/clonic activity

**APPROVED:**

  
San Bernardino Co. Health Officer      Date  
  
Mono Co. Health Officer      Date

MAR 08 2006  
3/2/06

  
ICEMA Medical Director      Date  
  
Inyo Co. Health Officer      Date  
  
ICEMA Executive Director      Date

2-28-06  
3/16/06  
3/23/06